

AGED AND DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM

Case name	County district	COUNTY USE
Applicant's name (if different from above)	Case number	Effective eligibility date for this budget
Name of additional MFBU member (spouse)	Name of additional MFBU member (child)	Month: Year: Other coverage

☐ New applicant
 ☐ Redetermination
 ☐ Change
 ☐ Retroactive eligibility
 ☐ Correction

PART A

Is the applicant(s)/beneficiary(ies) aged or disabled per Title 22, Sections 50221, 50223, and 50167:

☐ Yes, then go to Part B
 ☐ No: Do not complete this form; if not aged, refer for disability determination.

PART B INCOME ELIGIBILITY DETERMINATION

I. UNEARNED INCOME

	Eligible Individual	Eligible Spouse/Child/Parent	Ineligible Family Member #1	Ineligible Family Member #2
1. OASDI	\$	\$	\$	\$
2. PROPERTY NET INCOME	\$	\$	\$	\$
3. IN-KIND INCOME	\$	\$	\$	\$
4. OTHER INCOME (Include source of other income)	\$ Source:	\$ Source:	\$ Source:	\$ Source:
5. OTHER INCOME (Include source of other income)	\$ Source:	\$ Source:	\$ Source:	\$ Source:
6. TOTAL INCOME INDIVIDUAL UNEARNED INCOME (Add 1 through 5 in each column)	Total of above boxes: \$	Total of above boxes: \$	Total of above boxes: \$	Total of above boxes: \$
7. COMBINED UNEARNED INCOME (Add totals from Row 6)	TOTAL:			\$
8. SUBTRACT \$20 (Any income deduction)				\$ -20
9. REMAINING UNEARNED INCOME				\$

II. UNEARNED INCOME

	Eligible Individual	Eligible Spouse/Child/Parent	Ineligible Family Member #1	Ineligible Family Member #2
10. GROSS EARNED INCOME	\$	\$	\$	\$
11. COMBINED EARNED INCOME (Add amounts in Row 10)				\$
12. \$65 EARNED INCOME DEDUCTION PLUS \$_____ FROM UNUSED \$20 DEDUCTION				-\$
13. REMAINING EARNED INCOME (Subtract line 12 from line 11)				=
14. 50% EARNED INCOME DEDUCTION (Divide line 13 by 2)				\$

III. NET NONEXEMPT INCOME AND ELIGIBILITY DETERMINATION

15. TOTAL EARNED AND UNEARNED INCOME (Add lines 9 and 14)	\$	
16. DISREGARD FOR QUALIFIED INDIVIDUALS OR QUALIFIED COUPLES	-\$	
17. HEALTH INSURANCE PREMIUMS	-\$	
18. AGED AND DISABLED MEDICALLY NEEDY DEDUCTIONS Specify:	-\$	
19. DEDUCTION FOR ALLOCATION TO INELIGIBLE FAMILY MEMBERS (=MNL for number of ineligible family members)	-\$	
20. NET NONEXEMPT INCOME (Line 15 – lines 16 through 19)	=	
21. PROGRAM INCOME LIMIT (100% FPL for number of individuals being evaluated for eligibility)	\$	
22. ELIGIBLE IF LINE 20 IS LESS THAN OR EQUAL TO LINE 21	<input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible	
23. NOTE: IF INELIGIBLE, ASSESS FOR ELIGIBILITY FOR OTHER MEDI-CAL PROGRAMS		